## UNITED STATES DISTRICT COURT

for the

Northern District of California

The Center for Investigative Reporting and Aura Bogado	) ) )			
Plaintiff(s)	)			
v.	) Civil Action No. 20-cv-00608 SK			
United States Department of Health and Human Services	) ) )			
Defendant(s)	. ) )			
SUMMONS IN A CIVIL ACTION				

To: (Defendant's name and address) United States Department of Health and Human Services Office of General Counsel

90 7th St., Suite 4-500 San Francisco, CA 94103

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney,

whose name and address are: D. Victoria Baranetsky

The Center for Investigative Reporting

1400 65th St., Ste. 200 Emeryville, CA 94608

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 01/29/2020 Susan Y. Soong
Susan Y. Soong
Signature of Clerk or Deputy Clerk

ERK OF COURT

Civil Action No. 20-cv-00608 SK

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

was re	This summons for (na ceived by me on (date)	me of individual and title, if any)			
was ici	cerved by the on (aate)	·			
	☐ I personally served the summons on the individual at (place)				
			on (date)	; or	
	☐ I left the summons at the individual's residence or usual place of abode with (name)				
	, a person of suitable age and discretion who reside				
	on (date)	to the individual's last known address; or			
	☐ I served the summons on (name of individual)				
	designated by law to accept service of process on behalf of (name of organization)				
			on (date)	; or	
	☐ I returned the sum	mons unexecuted because		; or	
	☐ Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	
	I declare under penalty of perjury that this information is true.				
Date:					
Dute.	Server's signature				
			Printed name and title		
			Server's address		

Additional information regarding attempted service, etc: